

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Timothy M Clark		Street: 1240 Driftwood Dr City: De Pere Zip: 54115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City De Pere	11 / 15 / 2011 (Month) (Day) (Year)
2. Bob Van Dornelen	Robert J Van Dornelen	Street: 1247 Cecelia Ct City: De Pere Zip: 54115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City De Pere	11 / 20 / 2011 (Month) (Day) (Year)
3. Andrea Jochimsen	Andrea Jochimsen	Street: N3825 Breese Way City: Freedom WI Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom WI	11 / 20 / 2011 (Month) (Day) (Year)
Catherine Van Dornelen	Catherine Van Dornelen	Street: 1247 Cecelia Ct City: De Pere WI Zip: 54115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City De Pere	11 / 20 / 2011 (Month) (Day) (Year)
5. Tammi Dernbach	Tammi Dernbach	Street: 1461 Weatherstone Tr. City: De Pere, WI Zip: 54115	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ledgeview	11 / 20 / 2011 (Month) (Day) (Year)
6. EUGENE M. CLARK	Eugene M Clark	Street: 1002 W SPRING STREET City: APPLETON Zip: WI 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	11 / 20 / 2011 (Month) (Day) (Year)
7. Jacinta Clark	Jacinta Clark	Street: 1002 W Spring St. City: Appleton Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11 / 20 / 2011 (Month) (Day) (Year)
8. Kay Clark	Kay Clark	Street: 131 W Commercial St. City: Appleton Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11 / 20 / 2011 (Month) (Day) (Year)
9. Carole F Clark	Carole Clark	Street: 1240 Driftwood Dr. City: De Pere Zip: 54115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City De Pere	11 / 20 / 2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Timothy M Clark, (certify): I reside at 1240 Driftwood Dr De Pere
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulator

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. ALLAN MENTZ	<i>allan mentz</i>	Street: 3999 CATTIAL CT City: APPLETON Zip: 54913	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GRAND CHUTE	1/11/2012 (Month) (Day) (Year)
2. JERRY WIRTZ	<i>Jerry Wirtz</i>	Street: 1617 N. DREW City: APPLETON Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
3. Megan Stadler	<i>Megan Stadler</i>	Street: 932 W. 8th St City: Appleton, WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
4. Corinne Coburn	<i>Corinne Coburn</i>	Street: 1506 N. Briarcliff Dr. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
5. Susan Oliver	<i>Susan Oliver</i>	Street: 725 Cambridge Dr. City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
6. JUDITH OLIVER	<i>Judith Oliver</i>	Street: 725 Cambridge City: Appleton Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
7. DAVID RUBIN	<i>David Rubin</i>	Street: 711 E BOLDT WAY, SPC 1256 City: APPLETON Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	1/11/2012 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, D. Brette Brown, (certify): I reside at 682 S State St. Appleton
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012 D. Brette Brown
 (Month) (Day) (Year) (Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Megan Grotenhuis	<i>Megan Grotenhuis</i>	Street: 802 1/2 W Commercial St City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)		
2. Myriah Hargrave	<i>Myriah Hargrave</i>	Street: 516 Schindler place H City: Menasha Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha	1 / 11 / 2012 (Month) (Day) (Year)		
3. William Markethke	<i>William Markethke</i>	Street: 956 E 4th St City: Menasha Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha	1 / 11 / 2012 (Month) (Day) (Year)		
4. Andrew Franzon	<i>Andrew Franzon</i>	Street: 1003 1/2 West Lawrence St. City: Appleton WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)		
5. Tyler Bauer	<i>Tyler Bauer</i>	Street: pr. ng st. City: Appleton WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)		
6. Kathryn Bristol	<i>Kathryn Bristol</i>	Street: 2885 Glen Creek Pl City: Appleton, WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)		
7. Jacqueline Reynolders	<i>Jacqueline Reynolders</i>	Street: 520 E North St. City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)		
8. Patti Leiternmann	<i>Patti Leiternmann</i>	Street: 4539 City U City: Wrightstown WI Zip: 54180	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wrightstown	1 / 11 / 2012 (Month) (Day) (Year)		
9. Charles John Paul	<i>Charles John Paul</i>	Street: 302 d 14 W. Spencer City: Grand Chute WI Zip: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute	1 / 11 / 2012 (Month) (Day) (Year)		
10. BRAD BRANDON	<i>Brad Brandon</i>	Street: 607 W. 7TH ST City: APP Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLE	1 / 11 / 2012 (Month) (Day) (Year)		

Certification of Circulator

I, NELSON COX, (Name of Circulator) (certify): I reside at 14 EASTWOOD CT #8 APPLETON, WI (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Nelson Cox
(Signature of Circulator)

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(Official Use Only)

SCOTT WALKER RECALL PETITION

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1. SANDRA L. SCHULZE	<i>Sandra L. Schulze</i>	Street: 29 HOLLYHOCK CT. City: APPLETON WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	1/10/2012 (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, George Schulze, (certify): I reside at 29 Hollyhock Ct Appleton, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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1. Patricia A. Bangart	<i>Patricia A. Bangart</i>	Street: <u>128510 City N</u> City: <u>Menasha</u> Zip: <u>54952</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Town of Harrison</u>	<u>01/07/2012</u> (Month) (Day) (Year)	Email Phone
2. Joan D. Petersen	<i>Joan D. Petersen</i>	Street: <u>2208 Petersen Rd.</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u>	<u>01/07/2012</u> (Month) (Day) (Year)	Email Phone
3. J. Rachel Kramer	<i>J. Rachel Kramer</i>	Street: <u>130 1/2 W. Wisconsin #1</u> City: <u>Neenah</u> Zip: <u>54956</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Neenah</u>	<u>01/07/2012</u> (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Mardelle Mathewson, (certify): I reside at 1538 E. Park Hills Dr. Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Mardelle Mathewson
(Signature of Circulator)

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(Official Use Only)



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1. Miki Gould		Street: 848 E Cecil St City: Neenah WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah	12/10/20__ (Month) (Day) (Year)	Email Phone
2. THEODORE K. MROCHINSKI		Street: 6161 N 5012 HICKORY TREE LANE City: Menomonee Falls Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonee Falls	12/24/2011 (Month) (Day) (Year)	Email Phone
3. JAVICE M. MROCHINSKI		Street: 6161 N 5012 HICKORY TREE LANE City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonee Falls	12/24/2011 (Month) (Day) (Year)	Email Phone
4. CHARLES R. JOHNSON		Street: 829 E. CECIL ST City: NEENAH, WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEENAH	12/24/2011 (Month) (Day) (Year)	Email Phone
5. AnnMarie Johnson		Street: 829 E. Cecil St City: Neenah, WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/11/2012 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20__ (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, AnnMarie Johnson AnnMarie Johnson, (certify): I reside at 829 E Cecil St Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

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(Official Use Only)



SCOTT WALKER RECALL PETITION

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1. Bethany Schneider	<i>Bethany Schneider</i>	Street: 1415 Fairview St. City: Oshkosh Zip: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oshkosh	11/23/2011 (Month) (Day) (Year)
2. Bobbie Johnston	<i>Bobbie Johnston</i>	Street: 421 Old Paltzer Ct. City: Appleton, WI Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/23/2011 (Month) (Day) (Year)
3. Teresa Gross	<i>Teresa Gross</i>	Street: 2406 E. Bona Ave City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/23/2011 (Month) (Day) (Year)
4. Catherine Etheridge	<i>Catherine Etheridge</i>	Street: 232 Edgewater Drive City: Menasha, WI Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha	11/23/2011 (Month) (Day) (Year)
5. Sarah Martin	<i>Sarah Martin</i>	Street: 524 W. Old Sleigh Ln. City: Appleton, WI Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/23/2011 (Month) (Day) (Year)
6. Margaret LaFleur	<i>Margaret LaFleur</i>	Street: 2151 Connies Ct City: Appleton, WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/29/2011 (Month) (Day) (Year)
7. Amy McAloon	<i>Amy McAloon</i>	Street: 1801 Quintin Ct City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/1/2011 (Month) (Day) (Year)
8. Samantha Prestidge	<i>Samantha Prestidge</i>	Street: 317 Brantwood Dr City: Neenah WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah	12/1/2011 (Month) (Day) (Year)
9. Joseph Lamers	<i>Joseph Lamers</i>	Street: W6939 Firelane 4 City: Menasha, WI Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/4/2011 (Month) (Day) (Year)
10. Lisa S Lamers	<i>Lisa Lamers</i>	Street: W6939 Firelane 4 City: Menasha WI Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/4/2011 (Month) (Day) (Year)

Certification of Circulator

I, Ann Marie Johnson, (certify): I reside at 829 E. Cecil Neenah
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Ann Marie Johnson
(Signature of Circulator)

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Official Use Only

SCOTT WALKER RECALL PETITION

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1. PAULA SKITCH	Paula Skitch	Street: 2646 WELLSRING DR City: APPLETON, WI Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	01/05/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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Certification of Circulator

I, V. CAROLYN MEWHORTER, (certify): I reside at 33 S MEADOWS, Appleton, Wisconsin 54915
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

V. Carolyn Mewhorter
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kara Duerst	Kara Duerst	Street: 1401 S. NICOLET Rd #20 City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City grand chute	1 / 11 / 2012 (Month) (Day) (Year)
2. Janet VanOfferen	Janet VanOfferen	Street: N7981 Horizon Ct. City: Sherwood, WI Zip: 54169	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sherwood	1 / 11 / 2012 (Month) (Day) (Year)
3. JOHN S. SCHNEIDER	John S. Schneider	Street: 1500 MAIN AVENUE City: KAUKAUNA, WI Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KAUKAUNA	1 / 11 / 2012 (Month) (Day) (Year)
4. Ed Saxe	Edward Saxe	Street: 1328 S Memorial Dr. City: Appleton, WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)
5. JERRY WETTER	Sheld 7 Welter	Street: 800 E Woodcrest Dr City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)
6. CAROL MENTZ	Carol Mentz	Street: 3999 Cattail Ct City: Appleton Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute	01 / 11 / 2012 (Month) (Day) (Year)
7. Linda Wirtz	Linda Wirtz	Street: 1618 N. Drew St. City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	01 / 11 / 2012 (Month) (Day) (Year)
8. GREGORY STRONG	Gregory Strong	Street: N879 RABBIT RD City: FREMONT Zip: 54940	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DALE	1 / 11 / 2012 (Month) (Day) (Year)
9. Anne Zabronsky	Anne Zabronsky	Street: 3521 N. Rankin St. City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)
10. JILL H. COBURN	Jill H. Coburn	Street: 1506 N. BRANCLIFF DR. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 11 / 2012 (Month) (Day) (Year)

Certification of Circulator

I, Susan Morrissey, (certify): I reside at 387 Naymut St Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 11 / 2012
(Month) (Day) (Year)

Susan Morrissey
(Signature of Circulator)

Page No. (Official Use Only)
000709



Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GARY CARPENTER	<i>Gary Carpenter</i>	Street: 1087 HOLLY C ^Y T City: NEENAH ZIP: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEENAH	11/16/2011 (Month) (Day) (Year)
2. Tom Patza	<i>Tom Patza</i>	Street: 614 SALLY ST City: Seymour ZIP: 54165	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Seymour	11/16/2011 (Month) (Day) (Year)
3. Leslie E Simon	<i>Leslie E Simon</i>	Street: 1386 Sunset Lane City: Menasha ZIP: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha	12/3/2011 (Month) (Day) (Year)
4. William J Waukau	<i>William J Waukau</i>	Street: 6 North Breeze Circle City: Appleton, WI ZIP: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/3/2011 (Month) (Day) (Year)
5.		Street: City: ZIP:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: ZIP:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: ZIP:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: ZIP:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: ZIP:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: ZIP:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Carolee Carpenter, (certify): I reside at 110 S. Douglas St. Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Carolee Carpenter
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sarah J. Edmonds	<i>Sarah J. Edmonds</i>	Street: 300 200 W. Packard St. City: Appleton Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 7 / 2012
2. Timothy Lemke	<i>Timothy D. Lemke</i>	Street: 1115 W. College Ave City: APPLETON WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	1 / 7 / 2012
3. Pamela S. Lemke	<i>Pamela S. Lemke</i>	Street: 1115 W. College Ave. City: Appleton, WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 7 / 2012
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20

Certification of Circulator

I, Ann Muenster, (certify): I reside at 3528 Hillsborough Dr. Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Ann L. Muenster
(Signature of Circulator)

000711

(Official Use Only)

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JAMES McGRANE	<i>James McGrane</i>	Street: 37 APACHE COURT City: GRAND CHUTE Zip: 54911	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRAND CHUTE	1/11/2012 (Month) (Day) (Year)
2. SUSAN G. RONDE	<i>Susan G. Ronde</i>	Street: 1275 LAKESHORE DR City: MENASHA Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MENASHA	1/11/2012 (Month) (Day) (Year)
3. TIMOTHY W. RONDE	<i>Timothy W. Ronde</i>	Street: 1275 LAKESHORE DR City: MENASHA Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MENASHA	1/11/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Claine E. Knudson, (certify): I reside at 21 Newberry Ct. City of Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Claine E. Knudson
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Marjorie L. Notino	<i>Marjorie L. Notino</i>	Street: 110 1/2 E. Franklin St. City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/31/2011 (Month) (Day) (Year)
2. Joseph J. Notino	<i>Joseph J. Notino</i>	Street: 110 1/2 E. Franklin St. City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	01/02/2012 (Month) (Day) (Year)
3. Jeffery A. Notino	<i>Jeffery A. Notino</i>	Street: 408 N. Morrison St. City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	12/31/2011 (Month) (Day) (Year)
4. Tony Gorges	<i>Tony Gorges</i>	Street: 408 1/2 E. Pacific St. City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/1/2012 (Month) (Day) (Year)
5. Indy Gorges	<i>Indy Gorges</i>	Street: 408 1/2 E. Pacific St. City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	01/03/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Marjorie L. Notino, (certify): I reside at 110 1/2 E. Franklin St Appleton WI 54911
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Marjorie L. Notino
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GRACE Fiestedt	<i>Grace Fiestedt</i>	Street: <i>N 1628 Meadowview Dr</i> City: <i>Greenville</i> Zip: <i>54942</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Greenville</i>	<i>1/11/2012</i> (Month) (Day) (Year)
2. Carlton E Fiestedt	<i>Carlton E Fiestedt</i>	Street: <i>N 1628 Meadowview Dr</i> City: <i>Greenville</i> Zip: <i>54942</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Greenville</i>	<i>1/11/2012</i> (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
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6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)

Certification of Circulator

I, Sean Hayes, (certify): I reside at 426 Iowa St, Sturgeon Bay, WI Sturgeon Bay, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 20 12
(Month) (Day) (Year)

Sean Hayes
(Signature of Circulator)

008714

(Official Use Only)

Circulator:

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carol Resch	<i>Carol Resch</i>	Street: 1418 N. Elmore St City: Appleton Zip: 54914	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
2. BRADFORD BARTLEIN	<i>Bradford Bartlein</i>	Street: 512 W. Bell Ave City: Appleton Zip: 54914	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
3. Brennan Balastrieri	<i>B. Balastrieri</i>	Street: 4108 N. Stowell Ave City: Shorewood Zip: 53081	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	1/11/2012 (Month) (Day) (Year)
4. Alanna Oehlenschlaeger	<i>Alanna Oehlenschlaeger</i>	Street: 300 S Midpark Dr City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Karin Babcock (Name of Circulator), (certify): I reside at 511 E. South River St. Appleton, WI 54915 (Circulator's Residence - Street name and Number), Doutagamie (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Karin Babcock
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Alice Pollock	<i>Alice Pollock</i>	Street: 1454 Home Ave City: Menasha WI Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha	1/10/2012 (Month) (Day) (Year)		
2. Eileen Fischer	<i>Eileen Fischer</i>	Street: W6673 Green Willow Ct City: Greenville Zip: 54942	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenville	1/11/2012 (Month) (Day) (Year)		
3. Henry Meyer	<i>Henry Meyer</i>	Street: 321 South Memorial Dr City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)		
4. Nicholasmann	<i>Nicholasmann</i>	Street: 721 W. Third St City: Appleton Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)		
5. Sandy Juliar	<i>Sandy Juliar</i>	Street: 1032 S Clara City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)		
6. Brian Adams	<i>Brian Adams</i>	Street: 1616 W. Rodgers Ave City: Appleton WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)		
7. LaVonne Hohn	<i>LaVonne Hohn</i>	Street: 213 E 16th ST City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/11/2012 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		

Certification of Circulator

I, Nancy Graham (Name of Circulator), (certify): I reside at 26 S. Meadows Dr. (Circulator's Residence - Street name and Number) Appleton (Circulator Municipality) City of

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 2012
(Month) (Day) (Year)

Nancy Graham
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Pamela Kulas	<i>Pamela Kulas</i>	Street: 4116 N. Tigerlily Dr. City: Appleton Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	Email Phone
2. Kou Yang	<i>Kou Yang</i>	Street: 1228 PARK HILLS DR. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	Email Phone
3. Virginia Reinardy	<i>Virginia Reinardy</i>	Street: 1100 E Rustic Rd City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	Email Phone
4. Tara Kraft Mahnte	<i>Tara Kraft Mahnte</i>	Street: 26 Thistle Dawn Ct. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	Email Phone
5. Nancy Hutchings	<i>Nancy Hutchings</i>	Street: 67065 Parkview Ct #7 City: Greenville WI Zip: 54912	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenville	1/11/2012 (Month) (Day) (Year)	Email Phone
6. Tami Seaver	<i>Tami Seaver</i>	Street: 519 S. Schaefer St City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	Email Phone
7. James MacTaggart	<i>James MacTaggart</i>	Street: 224 1/2 College Ave City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	Email Phone
8. Lisa Sloan	<i>Lisa Sloan</i>	Street: 1612 UNIVERSITY AVE City: MENASHA WI Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MENASHA	1/11/2012 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, MARY LEE MAKI, (certify): I reside at 901 COOLIDGE AVE LITTLE CHUTE
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Mary Lee Maki
 (Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. RICHARD W. KRUMWIEDE	<i>Richard W. Krumwiede</i>	Street: 4225 E. APPLESEED DR. City: APPLETON Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	11/18/2011 (Month) (Day) (Year)		
2. David Krumwiede	<i>David Krumwiede</i>	Street: 4225 E Appleseed Dr City: Appleton Zip: 54913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/19/2011 (Month) (Day) (Year)		
3. SCOTT SOREL	<i>Scott Sorel</i>	Street: 2017 E. HENRY ST. City: APPLETON Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON	11/26/2011 (Month) (Day) (Year)		
4. Christine Woods	<i>Christine Woods</i>	Street: W10988 Maple Terrace Rd City: Greenville WI Zip: 54942	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenville	12/1/2011 (Month) (Day) (Year)		
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		

Certification of Circulator

I, BECKY KRUMWIEDE, (certify): I reside at 4225 E. Appleseed Dr. Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Becky Krumwiede
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator
Phone

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Daniel J. Murphy	<i>Daniel J. Murphy</i>	Street: 3125 N. Rankin St City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	<i>mu</i>	()
2. MaryBeth Johnson	<i>MaryBeth Johnson</i>	Street: 817 E Windfield Pl City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/11/2012 (Month) (Day) (Year)	<i>m</i>	()
3. Colleen P. Hansen	<i>Colleen Hansen</i>	Street: 332 S Patrick St City: Kimberly Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kimberly	1/11/2012 (Month) (Day) (Year)		()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		()
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		()

Certification of Circulator

I, Sandra Frechette, (certify): I reside at 403 S. Joseph St. Kimberly
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Sandra Frechette
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jolene Gondeck	Jolene Gondeck	Street: 1221 Bartelt St. PO BOX 321 City: Gresham, WI Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Gresham <input type="checkbox"/> City	11 / 22 / 2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, KENNETH A. FISCHER, (certify): I reside at 920 KNOKE ST GRESHAM
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Kenneth A. Fischer
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. SCOTT Gerbits	<i>Scott Gerbits</i>	Street: 815 NE 5th St. City: Marion Zip: 54950	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marion	12/9/2011 (Month) (Day) (Year)	Email Phone
2. Peggy Gerbits	<i>Peggy Gerbits</i>	Street: 815 NE 5th St. City: Marion Zip: 54950	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marion	12/9/2011 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Kenneth A. Fischer, (certify): I reside at 920 Waite Gresham
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Kenneth A. Fischer
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator
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SCOTT WALKER RECALL PETITION

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1. Mark Kohrell	<i>Mark Kohrell</i>	Street: N7354 Round Lake Rd. City: Brillion Zip: 54110	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brillion	1/10/2012 (Month) (Day) (Year)	Email Phone
2. MICHAEL H BOCTOR	<i>Michael H Boctor</i>	Street: N7808 RIDGEVIEW CT City: SHERWOOD Zip: 54169	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SHERWOOD	1/10/2012 (Month) (Day) (Year)	Email Phone
3. Kelly Caldera	<i>Kelly Caldera</i>	Street: 1014 Bridgeview Ct City: Neenah Zip: 54956	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha	1/10/2012 (Month) (Day) (Year)	Email Phone
4. BARBARA WALSTROM	<i>Barbara Walstrom</i>	Street: 701 KINZIE CT. City: MENASHA Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MENASHA	1/11/2012 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, MICHAEL I. PYNE, (certify): I reside at WOOD BLAZING STAR DR Appleton Harrison Township
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Michael I. Pyne
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Amy Ryne	<i>Amy Ryne</i>	Street: 1210 State Street City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	11/29/2011 (Month) (Day) (Year)
2. Tracy Pamerter	<i>Tracy Pamerter</i>	Street: N3026 Monkey Rd City: Hortonville Zip: 54944	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hortonville	11/29/2011 (Month) (Day) (Year)
3. Melissa Schinke	<i>Melissa Schinke</i>	Street: W9338 Country Park Ln City: Hortonville, WI Zip: 54944	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Hortonville	11/29/2011 (Month) (Day) (Year)
4. Kim Stelow	<i>Kim Stelow</i>	Street: 112 E 7th St City: Kaukauna WI Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/8/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Michael J. Pyne (Name of Circulator), (certify): I reside at W6001 Blazing Star Dr Appleton (Circulator's Residence - Street name and Number) Harrison Township (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 / 2012
(Month) (Day) (Year)

Michael J. Pyne
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Thomas C. Biesterveld	Thomas C. Biesterveld	Street: 821 Harris St City: Eau Claire, WI Zip: 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	12/6/2011 (Month) (Day) (Year)
2. CHARLES T. KNUTH	Charles T. Knuth	Street: 3010 33rd St City: Eau Claire Zip: 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAU CLAIRE	12/6/2011 (Month) (Day) (Year)
3. Ronald W Schroeder	Ronald Schroeder	Street: 5268 85th St City: Chippewa Falls, WI Zip: 54729	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chippewa Falls	12/6/2011 (Month) (Day) (Year)
4. Jill Marie Kelly	Jill Marie Kelly	Street: 9353 24th Ave South City: Eau Claire WI Zip: 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Hallie	12/11/2011 (Month) (Day) (Year)
5. Thomas Sadorf	Thomas Sadorf	Street: 9295 E. Beaver Creek Rd. City: Fall Creek WI Zip: 54742	<input checked="" type="checkbox"/> Town WASHINGTON <input type="checkbox"/> Village <input type="checkbox"/> City	12/11/2011 (Month) (Day) (Year)
6. Peter Tio	Peter Tio	Street: 905 MC CLAFIN City: Eau Claire Zip: 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	1/10/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Peter Tio, (certify): I reside at 905 mc clafin ave Eau Claire
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Peter Tio
(Signature of Circulator)

Page No. (Official Use Only)
000723 **A**

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amanda Ann Hoffman	<i>Amanda Ann Hoffman</i>	Street: N6208 County Road U City: Shawano Zip: 54166	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	12/18/2011 (Month) (Day) (Year)
2. Emilee Hoffman	<i>Emilee Hoffman</i>	Street: N6208 Co Rd U City: Shawano Zip: 54166	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	12/18/2011 (Month) (Day) (Year)
3. Jodi Christensen	<i>Jodi Christensen</i>	Street: 8277 Yates Rd City: Lena WI Zip: 54139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spruce	12/23/2011 (Month) (Day) (Year)
4. Linda Markiewicz	<i>Linda Markiewicz</i>	Street: 8328 Yates Rd City: Lena WI Zip: 54139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spruce	12/23/2011 (Month) (Day) (Year)
5. Stuart Hoffman	<i>Stuart Hoffman</i>	Street: N6208 County Rd U City: Shawano Zip: 54166	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	1/6/2012 (Month) (Day) (Year)
6. Matt Hoffman	<i>Matt Hoffman</i>	Street: N6208 County Rd U City: Shawano Zip: 54166	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	1/6/2012 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, KEN FESCHER, (certify): I reside at 920 KNOKE ST GRESHAM
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Kenneth A. Fescher
(Signature of Circulator)

Page No. (Official Use Only)

723B

Circulator:

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Patricia L. Stoehr	<i>Patricia L. Stoehr</i>	Street: 220 St. Matthews St City: Green Bay Zip: 54301	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Allouez <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
2. Anna Stoehr	<i>Anna Stoehr</i>	Street: 220 St. Matthews St City: Green Bay Zip: 54301	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Allouez <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
3. Patricia R. Christopherson	<i>Patricia R. Christopherson</i>	Street: 823 Kellogg St City: Green Bay Zip: 54303	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Green Bay	11/24/2011 (Month) (Day) (Year)
4. Marguerite L. Bowan	<i>Marguerite L. Bowan</i>	Street: W 2911 Hwy VVE City: Keshena Zip: 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
5. OLIN R. CONNER	<i>Olin R. Conner</i>	Street: 1049 MAIN ST. City: GRESHAM Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village GRESHAM <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
6. Ian Stoehr	<i>Ian Stoehr</i>	Street: 220 St Matthews St City: Green Bay Zip: 54301	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Allouez <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
7. Michael J. Stoehr	<i>Michael J. Stoehr</i>	Street: 220 St. Matthews St. City: Green Bay Zip: 54301	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Allouez <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
8. Ronald G. Bowan Sr.	<i>Ronald G. Bowan Sr.</i>	Street: W 2911 Hwy VVE City: Keshena WI Zip: 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, KENNETH A FISCHER, (certify): I reside at 920 Knoll St GRESHAM
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Kenneth A. Fischer
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jacqueline Ann Fischer	Jacqueline Ann Fischer	Street: 920 Knoke St City: Gresham, WI Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	11/21/2011 (Month) (Day) (Year)
2. Julie Ann Ebert	Julie Ann Ebert	Street: 933 S. Bartlett St. City: Shawano, WI Zip: 54166	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shawano	11/22/2011 (Month) (Day) (Year)
3. Kiersten Miller	Kiersten Miller	Street: W9845 City Rd UU City: Gresham Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	11/22/2011 (Month) (Day) (Year)
4. Jayne Carroll	Jayne Carroll	Street: 1100 Mader St City: Gresham WI Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	11/22/2011 (Month) (Day) (Year)
5. Steven Carroll	Steven Carroll	Street: 1100 Mader St City: Gresham WI Zip: 54128	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Gresham	11/22/2011 (Month) (Day) (Year)
6. Luke Carroll	Luke Carroll	Street: 903 S. Andrews St. City: Shawano WI Zip: 54166	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shawano	11/22/2011 (Month) (Day) (Year)
7. Sam Carroll	Sam Carroll	Street: 1100 Mader St City: Gresham Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	11/24/2011 (Month) (Day) (Year)
8. KENNETH A. FISCHER	Kenneth A. Fischer	Street: 920 Knoke St City: GRESHAM Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City GRESHAM	11/22/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, KENNETH A. FISCHER, (certify): I reside at 920 Knoke St GRESHAM
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011 Kenneth A. Fischer
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000725

Circulator
 Phone
 Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jay Robenhagen	Jay Robenhagen	Street: 206 E. Ramsdell City: Marion Zip: 54950	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marion	12/4/2011 (Month) (Day) (Year)
2. Heather Robenhagen	Heather Robenhagen	Street: 200 E. Ramsdell City: Marion Zip: 54950	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marion	12/2/2011 (Month) (Day) (Year)
3. Neil Robenhagen	Neil Robenhagen	Street: E. 6126 Hwy G City: MARION WI Zip: 54950	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUPONT	12/2/2011 (Month) (Day) (Year)
4. David Tueds	D. Tueds	Street: 435 Country View Cir City: Tigerton Zip: 54486	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Tigerton	12/2/2011 (Month) (Day) (Year)
5. Laura Robenhagen	Laura Robenhagen	Street: 206 E. Ramsdell St. City: Marion WI Zip: 54950	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marion	12/2/2011 (Month) (Day) (Year)
6. Harold Schmidt	Harold Schmidt	Street: W11701 Sewing Rd City: Marion WI Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pella	12/2/2011 (Month) (Day) (Year)
7. JOHN L. VAN ALLEN SR	John L. Van Allen Sr.	Street: E6095 COUNTY RD 5 City: MARION WI Zip: 54950	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUPONT	12/2/2011 (Month) (Day) (Year)
8. Robert A. Jahnke	Robert A. Jahnke	Street: 610 NE 5th Street City: MARION, WI Zip: 54950	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MARION	12/2/2011 (Month) (Day) (Year)
9. Dane L. Gocke	Dane L. Gocke	Street: W11950 Ewert Rd City: Marion, WI Zip: 54950	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LARABEE	12/2/2011 (Month) (Day) (Year)
10. Tim J Gocke	Tim Gocke	Street: W11950 Ewert Rd City: MARION WI Zip: 54950	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LARABEE	12/2/2011 (Month) (Day) (Year)

Certification of Circulator

I, Scott Gurbig, (certify): I reside at 815 NE 5th St Marion
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Scott Gurbig
(Signature of Circulator)

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Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mary Schabow	Mary Schabow	Street: 917 Knoke St PO Box 151 City: Gresham Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	12/11/2011 (Month) (Day) (Year)
2. Arthur Schabow	Arthur Schabow	Street: 917 Knoke St. PO Box 151 City: Gresham Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	12/11/2011 (Month) (Day) (Year)
3. Gail Hoffman	Gail Hoffman	Street: N 7455 S. Schmidt Rd. City: Gresham WI Zip: 54128	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Red Springs	12/14/2011 (Month) (Day) (Year)
4. Sara Boucher	Sara Boucher	Street: 804 Oak St City: Shawano, WI Zip: 54160	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shawano	12/18/2011 (Month) (Day) (Year)
5. Mike Hoffman	Mike Hoffman	Street: N7455 S. Schmidt Rd 54128 City: Gresham WI Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Red Springs	12/18/2011 (Month) (Day) (Year)
6. Doris Hammes	Doris Hammes	Street: N 7455 S. Schmidt Rd City: Gresham WI Zip: 54128	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Red Springs	12/18/2011 (Month) (Day) (Year)
7. Allen Hohensee	Allen Hohensee	Street: W11408 Cty G City: Gresham WI Zip: 54128	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	12/21/2011 (Month) (Day) (Year)
8. Deb Hohensee	Deb Hohensee	Street: W1140 Cty G City: Gresham WI Zip: 54128	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	12/21/2011 (Month) (Day) (Year)
9. Michelle Hoffman	Michelle Hoffman	Street: W11408 Maple Ridge Rd City: Gresham, WI Zip: 54128	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Herman	12/22/2011 (Month) (Day) (Year)
10. Colleen M. Smith	Colleen M. Smith	Street: 820 Hoffman Street City: Gresham, WI Zip: 54128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	12/22/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kenneth A. Fischer, (certify): I reside at 920 Knoke St Gresham
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 23 / 2011
(Month) (Day) (Year)

Kenneth A. Fischer
(Signature of Circulator)

000727

(Page Not Official Use Only)

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Bryan J. Johnson	<i>Bryan J. Johnson</i>	Street: 62481 Schmidt Rd City: Brillion Zip: 54110	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brillion	12/1/2011 (Month) (Day) (Year)
2. Dennis Vandem Wynaard	<i>Dennis Vandem Wynaard</i>	Street: 1209 W 4th City: Kimberly Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kimberly	12/6/2011 (Month) (Day) (Year)
3. Thomas L. Van Deren	<i>Thomas L. Van Deren</i>	Street: 545 Linda St. City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/6/2011 (Month) (Day) (Year)
4. Duane Brockman	<i>Duane Brockman</i>	Street: 214 Klein St City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/6/2011 (Month) (Day) (Year)
5. Susan Hill	<i>Susan Hill</i>	Street: 548 Wildwood City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/6/2011 (Month) (Day) (Year)
6. Richard Hill	<i>Richard W. Hill</i>	Street: 1233 Blue Island City: Arbor Vitae Zip: 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	12/6/2011 (Month) (Day) (Year)
7. Stacy Hill-Foy	<i>Stacy Hill-Foy</i>	Street: 548 Wildwood City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/6/2011 (Month) (Day) (Year)
8. Rene' Petit	<i>Rene' Petit</i>	Street: 157 Woodland Ct. City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/8/2011 (Month) (Day) (Year)
9. Marshall Bayergeon	<i>Marshall Bayergeon</i>	Street: 115 E. Tobacco St City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/8/2011 (Month) (Day) (Year)
10. Dennis Fritschke	<i>Dennis Fritschke</i>	Street: 134 Spring City: Chilton WI Zip: 53014	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chilton WI	12/9/2011 (Month) (Day) (Year)

Certification of Circulator

I, Rick Fritschke (Name of Circulator), (certify): I reside at W1169 Orledge Rd (Circulator's Residence - Street name and Number) Hilbert (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 28 / 20
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

1000728
(Official Use Only)

Circulators
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karen Giles	<i>[Signature]</i>	Street: 101 Fairway St City: Combined Locks WI Zip: 53113	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Combined Locks	12/7/2011 (Month) (Day) (Year)
2. John Belongia	<i>[Signature]</i>	Street: 300 W. 4th St #2 City: Kaukauna WI Zip: 54130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kaukauna	12/7/2011 (Month) (Day) (Year)
3. Lee Vilk	<i>[Signature]</i>	Street: 1613 W 8th St City: Appleton WI Zip: 54914	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Appleton	12/8/2011 (Month) (Day) (Year)
4. STEVEN BROWN	<i>[Signature]</i>	Street: 403 MATHEW ST City: Kimberly WI Zip: 54138	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kimberly	12/8/2011 (Month) (Day) (Year)
5. SUSAN KOEHLER	<i>[Signature]</i>	Street: W1523 City Trk P City: Chilton WI Zip: 53014	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Chilton	12/8/2011 (Month) (Day) (Year)
6. LAURA FRITSCHKA	<i>[Signature]</i>	Street: 210 Robin Ave City: Chilton WI Zip: 53014	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Chilton	12/9/2011 (Month) (Day) (Year)
7. Steve Ver Voort	<i>[Signature]</i>	Street: W874 RIVERVIEW RD City: Hilbert WI Zip: 54129	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rantoul	12/25/2011 (Month) (Day) (Year)
8. Elaine Fritschka	<i>[Signature]</i>	Street: W874 RIVERVIEW RD City: Hilbert WI Zip: 54129	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rantoul	12/25/2011 (Month) (Day) (Year)
9. Kyle Baid	<i>[Signature]</i>	Street: W3025 State Rd City: Chilton WI Zip: 53014	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Chilton	12/25/2011 (Month) (Day) (Year)
10. LIZ FRITSCHKA	<i>[Signature]</i>	Street: W874 RIVERVIEW RD City: Hilbert WI Zip: 54129	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rantoul	12/25/2011 (Month) (Day) (Year)

Certification of Circulator

I, Trick Fritschka, (certify): I reside at W1169 Oaklapp Rd Hilbert
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Office Use Only)
000729

Circulator

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dorothy Metzger	<i>Dorothy Metzger</i>	Street: 2525 OAKWOOD AVE City: Green Bay, Zip: 54301 WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/1/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jeanne Hoest, (certify): I reside at 1403 Stardust Drive (Circulator's Residence - Street name and Number) Green Bay (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 2011
(Month) (Day) (Year)

Jeanne Hoest
(Signature of Circulator)

Page No. (Official Use Only)
000739

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Terry Ann Trickle	<i>Terry Trickle</i>	Street: 10911 Lawn Rd City: Seymour Zip: 54165	<input checked="" type="checkbox"/> Town & Lesser <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. Traycee England	<i>Traycee England</i>	Street: 7 Wagon Wheel Dr City: Appleton Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Grand Chute <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Craig Mallett	<i>C. Mallett</i>	Street: 2536 Shade Tree Ln City: Howard WI Zip: 54313	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Howard	11/17/2011 (Month) (Day) (Year)
4. Elaine England	<i>E. England</i>	Street: W5344 Quarry Rd City: Appleton Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Center	11/24/2011 (Month) (Day) (Year)
5. DOUGLAS F ENGLAND	<i>Douglas F England</i>	Street: W5344 QUARRY RD City: APPLETON WI Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CENTER	11/24/2011 (Month) (Day) (Year)
6. Allie England	<i>Allie England</i>	Street: W5362 Quarry Rd City: Appleton WI Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Center	11/24/2011 (Month) (Day) (Year)
7. John Van Handel	<i>John Van Handel</i>	Street: 7 Wagon Wheel Dr City: Appleton Zip: 54913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GRAND CHUTE	11/29/2011 (Month) (Day) (Year)
8. Mindee Terrauma	<i>Mindee Terrauma</i>	Street: 5501 N Natures Ln City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Grand Chute	12/6/2011 (Month) (Day) (Year)
9. Jennifer Vandenberg	<i>Jennifer Vandenberg</i>	Street: 1800 Grandview Lane City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/6/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Traycee England, (certify): I reside at 7 Wagon Wheel Dr Grand Chute
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

000731 (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dave Kaczowski	<i>[Signature]</i>	Street: 626 E Church St City: Mishicot Zip: 54228	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mishicot	12/17/2011 (Month) (Day) (Year)
2. Tanya Kaczowski	<i>[Signature]</i>	Street: 626 E Church Street City: Mishicot Zip: 54228	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mishicot	12/17/2011 (Month) (Day) (Year)
3. Brittany Faber	<i>[Signature]</i>	Street: 7307 Lax Chapel Rd City: Kiel Zip: 53042	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eaton	12/17/2011 (Month) (Day) (Year)
4. Tracy Wohlgemuth	<i>[Signature]</i>	Street: 7307 Lax Chapel Rd City: Kiel Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eaton	12/17/2011 (Month) (Day) (Year)
5. Wildemar H. Wohlgemuth	<i>[Signature]</i>	Street: 7307 Lax Chapel Rd City: Kiel Zip: 53042	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eaton	12/17/2011 (Month) (Day) (Year)
6. DARCI GERRITS	<i>[Signature]</i>	Street: 2731 meadowview St. City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KAUKAUNA	1/7/2012 (Month) (Day) (Year)
Jacob Nett	<i>[Signature]</i>	Street: 312 W Main St City: Little chute Zip: 54150	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little chute	1/8/2012 (Month) (Day) (Year)
8. Corey Hansel	<i>[Signature]</i>	Street: 2207 Hearth Street City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/8/2012 (Month) (Day) (Year)
9. Brian Brewster	<i>[Signature]</i>	Street: 3301 Hamline St City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/8/2012 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)

Certification of Circulator

I, Josh Kark, (certify): I reside at 2142 Old Country Circle City of Kaukauna
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 8 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000732 (Official Use Only)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sarah Stoeger	Sarah Stoeger	Street: W3398 Holly Lane City: Appleton Zip: 54915	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Buchanan	12/23/2011 (Month) (Day) (Year)
2. Dave Sanders	Dave Sanders	Street: 1607 Peachtree St City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/23/2011 (Month) (Day) (Year)
3. DENNIS MICKE	Dennis D. Mick	Street: W2213 SCHMIDT RD City: BRILLIOW, WI Zip: 54110	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRILLIOW	12/23/2011 (Month) (Day) (Year)
4. Tyler Vander Heiden	Tyler Vander Heiden	Street: 209 East 8th Street City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	12/23/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)

Certification of Circulator

I, ROBERT MICKE, (certify): I reside at 710 HIG # 51 Kaukauna Kaukauna
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JAN, 11 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page Not Official Use Only
#000733

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carol S. Gilbert	<i>Carol S. Gilbert</i>	Street: <u>N 2629 Rustic Dr.</u> City: <u>Clintonville WI</u> Zip: <u>54929</u>	<input checked="" type="checkbox"/> Town <u>Belle Plaine</u> <input type="checkbox"/> Village <u>(Shawano Co.)</u> <input type="checkbox"/> City	<u>12/13/2011</u> (Month) (Day) (Year)
2. William J. Gilbert	<i>William J. Gilbert</i>	Street: <u>N 2629 Rustic Drive</u> City: <u>Clintonville WI</u> Zip: <u>54929</u>	<input checked="" type="checkbox"/> Town <u>Belle Plaine</u> <input type="checkbox"/> Village <u>(Shawano Co.)</u> <input type="checkbox"/> City	<u>12/13/20</u> (Month) (Day) (Year)
3. Stanley B. Johnson	<i>Stanley B. Johnson</i>	Street: <u>3417 Northridge Ln</u> City: <u>Appleton</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <u>Grand Chute</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>12/16/2011</u> (Month) (Day) (Year)
4. Joyce L. Johnson	<i>Joyce L. Johnson</i>	Street: <u>3417 Northridge Lane</u> City: <u>Appleton</u> Zip: <u>54914</u>	<input checked="" type="checkbox"/> Town <u>Grand Chute</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>12/16/2011</u> (Month) (Day) (Year)
5. Mary B. Burrow	<i>Mary B. Burrow</i>	Street: <u>W 8050 Hillcrest Ct.</u> City: <u>Hortonville</u> Zip: <u>54944</u>	<input checked="" type="checkbox"/> Town <u>Greenville</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>12/16/2011</u> (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)

Certification of Circulator

I, Janice Morton, (certify): I reside at 5830 W. Sandra Dr. Grand Chute
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under s. 12.17(3)(a), Wis. Stats.

12 / 16 / 2011
(Month) (Day) (Year)

Janice Morton
(Signature of Circulator)

0001734
Page No. (Official Use Only)
0001734



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. LORRAINE M. PHILLIPS (DP)	<i>Lorraine M. Phillips</i>	Street: 125 BYRD AVE - RM 510 (DP) City: NEENAH (DP) Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah (DP)	01 / 06 / 2012 (Month) (Day) (Year)		
2. PAUL A. BREWER	<i>Paul A. Brewer</i>	Street: 1709 DUBLIN TRL #23 City: NEENAH Zip: 54956	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MENASHA (DP)	01 / 09 / 2012 (Month) (Day) (Year)		
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		

Certification of Circulator

I, DONNA L. PHILLIPS, (certify): I reside at 1166 FARM RIDGE LN. NEENAH
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
 (Month) (Day) (Year)

Donna L. Phillips
 (Signature of Circulator)

888735
 # _____
 (Official Use Only)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rene Vander Boogaard	<i>Rene Vander Boogaard</i>	Street: <i>W6949 Cty Rd 13B</i> City: <i>Hilbert</i> Zip: <i>54124</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodville</i>	<i>12/31/2011</i> (Month) (Day) (Year)
2. Gary Valentyne	<i>Gary Valentyne</i>	Street: <i>527 Lamers Rd</i> City: <i>Kimberly WI</i> Zip: <i>54136</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Kimberly</i>	<i>12/31/2011</i> (Month) (Day) (Year)
3. Judy Valentyne	<i>Judy Valentyne</i>	Street: <i>527 Lamers Rd</i> City: <i>Kimberly WI</i> Zip: <i>54136</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Kimberly</i>	<i>12/31/2011</i> (Month) (Day) (Year)
4. Chad Valentyne	<i>Chad Valentyne</i>	Street: <i>527 Lamers Rd</i> City: <i>Kimberly WI</i> Zip: <i>54136</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Kimberly</i>	<i>1/2/2012</i> (Month) (Day) (Year)
5. Brend Vander Boogaard	<i>Brend Vander Boogaard</i>	Street: <i>8155 Schaefer St</i> City: <i>Appleton WI</i> Zip: <i>54915</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Appleton</i>	<i>1/2/2012</i> (Month) (Day) (Year)
6. Rhonda Vander Boogaard	<i>Rhonda Vander Boogaard</i>	Street: <i>W6949 County Rd BB</i> City: <i>Hilbert</i> Zip: <i>54129</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodville</i>	<i>1/6/2012</i> (Month) (Day) (Year)
7. Danielle Vander Boogaard	<i>Danielle Vander Boogaard</i>	Street: <i>W6949 Cty Rd BB</i> City: <i>Hilbert</i> Zip: <i>54129</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodville</i>	<i>1/6/2012</i> (Month) (Day) (Year)
8. Betty Seidl	<i>Betty Seidl</i>	Street: <i>518 Michael</i> City: <i>Combined Locks WI</i> Zip: <i>54113</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Combined Locks</i>	<i>1/7/2012</i> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)

Certification of Circulator

I, Mark J. Van Oss, (certify): I reside at 533 Lamers Rd. Kimberly
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Mark J. Van Oss
(Signature of Circulator)

Page Not to be Used Only
090736

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rick VANDENWYNGAARD		Street: 211 S JOHN ST. City: KIMBERLY WI Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KIMBERLY <input type="checkbox"/> City	12/9/2011 (Month) (Day) (Year)
2. Tami Aubrey		Street: 901 N. Hawthorne DR City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village Appleton <input checked="" type="checkbox"/> City	12/10/2011 (Month) (Day) (Year)
3. Philip Vanden Heuvel		Street: 909 East First St. City: Kimberly WI Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kimberly <input type="checkbox"/> City	12/10/2011 (Month) (Day) (Year)
4. Doug Tessen		Street: 17 FLORAL DR. City: Kimberly Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kimberly <input type="checkbox"/> City	12/11/2011 (Month) (Day) (Year)
5. DAVID NEUMANN		Street: 526 LAMERS RD. City: KIMBERLY, WI Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KIMBERLY <input type="checkbox"/> City	12/12/2011 (Month) (Day) (Year)
6. ED BOGARD		Street: N9237 County Rd W City: Appleton WI Zip: 54915	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village HARRISON <input type="checkbox"/> City	12/14/2011 (Month) (Day) (Year)
7. Robert Berken		Street: 182 Grant St City: Little Chute WI Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Little Chute <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
8. LLOYD HERMSEN		Street: 117 S BIRCH City: KIMBERLY Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KIMBERLY <input type="checkbox"/> City	12/16/2011 (Month) (Day) (Year)
9. Mike Grotzger		Street: 126 S James City: Kimberly WI Zip: 54136	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kimberly <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)
10. Mike Bosch		Street: 225 Williams St City: Combined Locks Zip: 54113	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village combined <input type="checkbox"/> City Locks	12/18/2011 (Month) (Day) (Year)

Certification of Circulator

I, Mank J. Van Oss, (certify): I reside at 533 Lamers Rd Kimberly
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 18 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Optional Use Only)

031737

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. William Robach	<i>William Robach</i>	Street: 830 E Elm St - 3D City: Little Chute Zip: WI 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	12/9/2011 (Month) (Day) (Year)	Email Phone ()
2. DENNIS DE BRUIN	<i>Dennis De Bruin</i>	Street: 16847 N. SURPRISE LK. LN. City: TOWNSEND WI Zip: 54175	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOWNSEND	12/14/2011 (Month) (Day) (Year)	Email Phone ()
3. Carol DeBruin	<i>Carol De Bruin</i>	Street: 16847 N. Surprise Lk. Ln City: Townsend Zip: 54130	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	12/15/2011 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Scott T. Robach, (certify): I reside at 712 Joshua St. Kaukauga
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2011
(Month) (Day) (Year)

Scott T. Robach
(Signature of Circulator)

Page No. (Official Use Only)

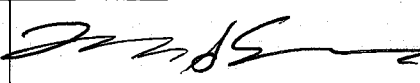
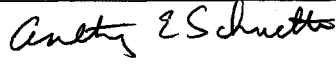
000738



Circulator
P
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

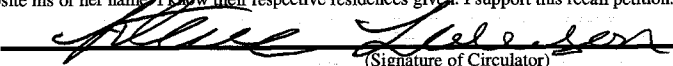
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mark Sanders		Street: 140 S. Main St City: Kimberly Zip: 54135	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kimberly <input type="checkbox"/> City	1 / 11 / 2012 (Month) (Day) (Year)
2. Anthony Schnette		Street: N1831 North Rd City: Greenville Wi Zip: 54942	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Greenville <input type="checkbox"/> City	1 / 11 / 2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Steve Lawson (Name of Circulator), (certify): I reside at 1680 Flowers Mill Drive (Circulator's Residence - Street name and Number) Grand Rapids Township (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)


(Signature of Circulator)

Page No. 000739
000739 A



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Arthur Selbach	Arthur Selbach	Street: 824 Warsaw St. City: Menasha Zip: 54952	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menasha	11/29/2011 (Month) (Day) (Year)
2. Linda Clendenning	Linda Clendenning	Street: 1215 Pheasant Creek Dr. City: Oshkosh WI Zip: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oshkosh	11/30/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, _____, (certify): I reside at 824 Warsaw St Menasha
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Dec 1 20 12011 Arthur Selbach
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
 # 339B

Circulator
 Phone
 Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Shirley Jensen	<i>Shirley Jensen</i>	Street: 1801 N. Kellman City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Steve Lawson, (certify): I reside at 1680 Flowers Mill Drive Grand Rapids Township, Mich
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Steve Lawson
(Signature of Circulator)

Page No. Official Use Only
#000740

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brian G Humphrey	Brian Humphrey	Street: 562 Buchanan Rd City: Combined Locks Zip: 54113	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Combined Locks	1/10/2012 (Month) (Day) (Year)
2. Kate Voeks	Kate Voeks	Street: 608 E. Randall St. City: Appleton, WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
3. Deborah S McMorrow	Deborah S McMorrow	Street: 1140 Ridge Ct City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/10/2012 (Month) (Day) (Year)
4. Mike McMorrow	Mike McMorrow	Street: 1140 Ridge Ct City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/10/2012 (Month) (Day) (Year)
5. Jennifer Bartels	Jennifer E Bartels	Street: 121 E McKinley Ave City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	1/10/2012 (Month) (Day) (Year)
6. Allison Bartels	Allison Bartels	Street: 401 Wilson St City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	1/10/2012 (Month) (Day) (Year)
7. Heather Teske	Heather Teske	Street: 2008 E Bradley Lane City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
8. ELIZABETH CARLSON	Elizabeth Carlson	Street: 628 S. Summit St. City: Appleton Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Leah Schoenbohm, (certify): I reside at 902 E. Arden St. Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Leah Schoenbohm
(Signature of Circulator)

Page No. (Official Use Only)
000741



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dave Eastman	<i>Dave Eastman</i>	Street: 208 W. Parkway City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/10/2012 (Month) (Day) (Year)
2. Lori Eastman	<i>Lori Eastman</i>	Street: 208 W. Parkway City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/10/2012 (Month) (Day) (Year)
3. Lorena A Garcia	<i>Lorena A Garcia</i>	Street: 70 Dutch Harbor Est. City: Little Chute WI Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	11/10/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Leah Schoenbohm, (certify): I reside at 902 E. Alton St. Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 2012
(Month) (Day) (Year)

Leah Schoenbohm
(Signature of Circulator)

Page No. (Official Use Only)
033742

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. LENORE GEISTHARDT	<i>Lenore Geisthardt</i>	Street: 1013 S Mason St City: Appleton Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 10 / 2012 (Month) (Day) (Year)	Email Phone
2. Michelle Radniski	<i>Michelle Radniski</i>	Street: 418 S. Walden Ave City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 10 / 2012 (Month) (Day) (Year)	Email Phone
3. Chuck Knoeck	<i>Chuck Knoeck</i>	Street: 1446 Baytree Lane City: Neenah Zip: 54456	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah	1 / 10 / 2012 (Month) (Day) (Year)	Email Phone
4. Julie Gzdzinski	<i>Julie Gzdzinski</i>	Street: 1351 W. Prospect City: Appleton WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1 / 10 / 2012 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Robert Konitzer, (certify): I reside at 480 Nicolet Blvd. City of Menasha
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Robert Konitzer
(Signature of Circulator)

Page No. (Official Use Only)
000743-A



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brenda Ash	<i>Brenda Ash</i>	Street: 8377 Wozniak Rd City: Armstrong Creek Zip: 54103	<input checked="" type="checkbox"/> Town <i>Armstrong Creek</i> <input type="checkbox"/> Village <input type="checkbox"/> City	1/9/2012 (Month) (Day) (Year)
2. Adolph Kowalkowski	<i>Adolph Kowalkowski</i>	Street: 8377 Wozniak Rd City: Armstrong Creek Zip: 54103	<input checked="" type="checkbox"/> Town <i>Armstrong Creek</i> <input type="checkbox"/> Village <input type="checkbox"/> City	1/9/2012 (Month) (Day) (Year)
3. Michelle Johnson	<i>Michelle Johnson</i>	Street: 2114 S. Walden Ave City: Appleton WI Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Appleton</i>	1/10/2012 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Candice N Nulph, (certify): I reside at 2201 S. Walden Ave Appleton
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
 (Month) (Day) (Year)

Candice N Nulph
 (Signature of Circulator)

Page No. (Official Use Only)
 # 0001986



743B

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Robert D. Roberts	<i>Robert D. Roberts</i>	Street: 3408 State Hwy 139 City: Long Lake, WI Zip: 54542	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long Lake	12/10/2011 (Month) (Day) (Year)	Email Phone ()
2. Patricia M. Roberts	<i>Patricia M. Roberts</i>	Street: 3408 State Hwy 139 City: Long Lake, WI Zip: 54542	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long Lake	12/10/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Teresa L. Roberts, (certify): I reside at 718 E. Marquette Street Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 10 / 2012
(Month) (Day) (Year)

Teresa L. Roberts
(Signature of Circulator)

Page # (Official Use Only)
000744
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Heather Starr	<i>Heather Starr</i>	Street: 5331 W Spencer St City: Appleton Zip: 54914	<input checked="" type="checkbox"/> Town Grand Chute <input type="checkbox"/> Village <input type="checkbox"/> City	11/24/2011 (Month) (Day) (Year)	Email Phone
2. Amanda Starr	<i>Amanda Starr</i>	Street: 718 E. Marquette St City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON ss	11/24/2011 (Month) (Day) (Year)	Email Phone
3. Brian Starr	<i>Brian M. Starr</i>	Street: 718 E Marquette St City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City APPLETON ss	11/24/2011 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, STEPHEN M STARR, (certify): I reside at 718 E MARQUETTE ST APPLETON
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012 Stephen M Starr
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

003745 A



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Kelley	<i>John Kelley</i>	Street: 440 Highland Dr. City: Waupaca Zip: 54981	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waupaca	1/10/2012 (Month) (Day) (Year)
2. Jillian Gordon	<i>Jillian Gordon</i>	Street: 916 S. Schaefer St. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
3. Elaine Hanke	<i>Elaine Hanke</i>	Street: 2597 Forestview Ct City: Appleton WI Zip: 54915	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Town of Menasha	1/10/2012 (Month) (Day) (Year)
4. Milagros Perkovich	<i>Milagros P. Perkovich</i>	Street: 706 S. Frederick St. City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
5. Roy E Hartwig	<i>Roy E Hartwig</i>	Street: 611 MARCELLA ST City: Combined Locks Zip: 54123	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Combined Locks	1/10/2012 (Month) (Day) (Year)
6. Ethel D. Lambie	<i>Ethel D. Lambie</i>	Street: 2108 N. Clark St. City: Appleton Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
7. Christine Bradley	<i>Christine Bradley</i>	Street: 216 N. Bennett St. City: Appleton, WI Zip: 54914	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
8. DIANE L. SHERILSKE	<i>Diane L. Sherilske</i>	Street: 506 E. Atlantic St. City: Appleton, WI Zip: 54911	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	1/10/2012 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, JANET C. SMITH, (certify): I reside at 1016 E. GREENTREE CT Appleton
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1/10/2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

745B

Circulator

Print

Elect

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Debbie Peters	<i>Debbie Peters</i>	Street: 216 Frances St City: Kaukauna WI Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/6/2012 (Month) (Day) (Year)		
2. Nate Melberg	<i>Nate Melberg</i>	Street: 2408 Sutherland Circle City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	05/08/2012 (Month) (Day) (Year)		
3. Lisa Lemke	<i>Lisa Lemke</i>	Street: 2203 Glenview Ave City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/6/2012 (Month) (Day) (Year)		
4. Michael Coffey	<i>Michael Coffey</i>	Street: 408 W 17th City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/6/2012 (Month) (Day) (Year)		
5. Andrew Mohrlok	<i>Andrew Mohrlok</i>	Street: 301 W Henry St City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/6/2012 (Month) (Day) (Year)		
6. Jody Brandt	<i>Jody Brandt</i>	Street: 201 Morningside Dr City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/6/2012 (Month) (Day) (Year)		
7. Tricia Hammen	<i>Tricia Hammen</i>	Street: 317 E. 8th St City: Kaukauna Zip: 54130	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kaukauna	1/6/2012 (Month) (Day) (Year)		
8. Delphine Favour	<i>Delphine Favour</i>	Street: W5108 Breckerton Ct City: Sherwood WI Zip: 54169	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sherwood	01/06/2012 (Month) (Day) (Year)		
9. Jennifer Thompson	<i>Jennifer Thompson</i>	Street: 525 Shreve City: Neenah WI Zip: 54956	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Neenah	01/06/2012 (Month) (Day) (Year)		
10. Brenda Sheahan	<i>Brenda Sheahan</i>	Street: N7825 Marx Rd City: Hilbert Zip: 54129	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodville	1/06/2012 (Month) (Day) (Year)		

Certification of Circulator

I, David T. Robbins, (certify): I reside at 111 Hidden Ridge Way Combined Locks
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 10 2012
(Month) (Day) (Year)

David T. Robbins

(Signature of Circulator)

Page No. (Official Use Only)

000746



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Patrick Goff	<i>Patrick Goff</i>	Street: <u>N9490 Evans Street</u> City: <u>Appleton</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harrison</u>	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
2. KEITH MEIER	<i>Keith Meier</i>	Street: <u>W5412 RED CLOVER TRAIL</u> City: <u>APPLETON</u> Zip: <u>54915</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>HARRISON</u> ^{near Appleton}	<u>1/6/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Dawn M. Monahan	<i>Dawn M. Monahan</i>	Street: <u>218 W 10th</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kaukauna</u>	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Shanna Miller	<i>Shanna Miller</i>	Street: <u>W4738 NICKLAUS CT</u> City: <u>Sherwood</u> Zip: <u>54169</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sherwood</u>	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ()
5. Caitlin Bailey	<i>Caitlin Bailey</i>	Street: <u>17734 Palisades Tr.</u> City: <u>Sherwood</u> Zip: <u>54169</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sherwood</u>	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ()
6. Roger Glenn Chapman	<i>R. Chapman</i>	Street: <u>401 E. 20th St.</u> City: <u>Kaukauna</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u>	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ()
7. Bonnie Miller	<i>Bonnie Miller</i>	Street: <u>N5636 Curdy Rd</u> City: <u>Hilbert WI</u> Zip: <u>54129</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stockbridge</u>	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ()
8. Joan Van Abel	<i>Joan Van Abel</i>	Street: <u>204 Depot St</u> City: <u>Kaukauna</u> Zip: <u>54130</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kaukauna</u>	<u>1/9/2012</u> (Month) (Day) (Year)	Email Phone ()
9. MICHAEL S. SURIN	<i>Michael S. Surin</i>	Street: <u>321 N. PINE ST.</u> City: <u>KIMBERLY</u> Zip: <u>54136</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>KIMBERLY</u>	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
10. Andrew J. Cechane	<i>Andrew J. Cechane</i>	Street: <u>W2597 Aspen Ct.</u> City: <u>Appleton</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kimberly</u>	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, David T Robbins, (certify): I reside at 111 Hidden Ridge Way Combined Locks
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

David T Robbins
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Caitlin Kurtzweil	<i>Caitlin Kurtzweil</i>	Street: 1012 Wyman Street City: New London WI Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW LONDON	12/3/2011 (Month) (Day) (Year)
2. Nicholas Koch	<i>Nicholas Michael Koch</i>	Street: W7822 Mason St City: Herbenville Zip: 54944	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELLINGTON	12/3/2011 (Month) (Day) (Year)
3. MICHAEL KURTZWEIL	<i>Michael P. Kurtzweil</i>	Street: 1012 Wyman Street City: New London WI Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW LONDON	12/5/2011 (Month) (Day) (Year)
4. Colleen M. Kelly	<i>Colleen M. Kelly</i>	Street: 1012 Wyman St. City: New London WI Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	12/9/2011 (Month) (Day) (Year)
5. James D. Bricco	<i>James D. Bricco</i>	Street: N3571 Oakwood Pass City: New London Zip: 54961	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwa	12/11/2011 (Month) (Day) (Year)
6. Kathleen Stein	<i>Kathleen Stein</i>	Street: 14180 W. Lisbon Rd City: Brookfield Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/24/2011 (Month) (Day) (Year)
7. Robert Ferne	<i>Robert Ferne</i>	Street: 6167 N. 8599 W. JACOBS City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Village of Men. Falls	12/24/2011 (Month) (Day) (Year)
8. Melissa Mulroy	<i>Melissa Mulroy</i>	Street: 1776 Division St. City: New London WI Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	12/28/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Megan Kurtzweil (Name of Circulator), (certify): I reside at 220 Austin Court, Apt #47 (Circulator's Residence - Street name and Number) City of New London (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Megan E. Kurtzweil
(Signature of Circulator)

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Circulator
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Connie A McClone	Connie A McClone	Street: 720 Robin St City: New London WI Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	11/30/2011 (Month) (Day) (Year)	Email Phone
2. Kathleen Tennie	Kathleen M. Tennie	Street: 1504 Werner Allen Rd City: New London Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	11/30/2011 (Month) (Day) (Year)	Email Phone
3. Emily Steffanus	Emily Steffanus	Street: 1901 Mayflower Ct City: New London Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	11/30/2011 (Month) (Day) (Year)	Email Phone
4. RONALD STEFFANUS	Ronald Steffanus	Street: 1901 MAYFLOWER CT. City: NEW LONDON WI Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEW LONDON	11/30/2011 (Month) (Day) (Year)	Email Phone
5. Arnold C. Tennie	Arnold C. Tennie	Street: 1504 Werner Allen Rd City: New London Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	11/30/2011 (Month) (Day) (Year)	Email Phone
6. Ann M. Klatt	Ann M. Klatt	Street: 909 Beechwood Ave. City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	12/1/2011 (Month) (Day) (Year)	Email Phone
7. James P. Klatt	James P. Klatt	Street: 909 Beechwood Ave City: Little Chute Zip: 54140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Little Chute	12/1/2011 (Month) (Day) (Year)	Email Phone
8. DAVID J. TENNIE	David J. Tennie	Street: 58668 Cty Hwy X City: NEW LONDON Zip: 54961	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mukwa	12/4/2011 (Month) (Day) (Year)	Email Phone
9. Kerri A. Tennie	Kerri A. Tennie	Street: 211 W. Warren St. City: New London Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	12/6/2011 (Month) (Day) (Year)	Email Phone
10. Shawn D. Tennie	Shawn D. Tennie	Street: 211 W. Warren St City: New London Zip: 54961	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	12/6/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Barbara Steffanus, (certify): I reside at 1901 Mayflower Ct. New London
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 8 / 2011
(Month) (Day) (Year)

Barbara Steffanus
(Signature of Circulator)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carol A. Schreiber ^{Ficstedt}	<i>Carol A. Ficstedt</i>	Street: 504 Evergreen St Apt #3 City: New London Zip: 54941	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New London	11/18/2011 (Month) (Day) (Year)
2. Nicole A. Schreiber	<i>Nicole A. Schreiber</i>	Street: N887 Cty Rd M City: Hortonville Zip: 54944	<input checked="" type="checkbox"/> Town Dale <input type="checkbox"/> Village <input type="checkbox"/> City	12/5/2011 (Month) (Day) (Year)
3. Dorothy Milheiser	<i>Dorothy Milheiser</i>	Street: 1627 Racine Rd. #22 City: Menasha Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha	12/11/2011 (Month) (Day) (Year)
4. Jim Milheiser	<i>Jim Milheiser</i>	Street: 1627 Racine Rd. #22 City: Menasha Zip: 54952	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Menasha	12/11/2011 (Month) (Day) (Year)
5. Carolyn Steinert	<i>Carolyn Steinert</i>	Street: 140 Greenbrier Dr City: Hortonville Zip: 54944	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hortonville	12/12/2011 (Month) (Day) (Year)
6. Randi Van Pelt	<i>Randi Van Pelt</i>	Street: W9760 High St. Box 74 City: Dale Zip: 54931	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dale	12/15/2011 (Month) (Day) (Year)
7. Elizabeth R Van Pelt	<i>Elizabeth R Van Pelt</i>	Street: N405 Winchester Road City: Fremont Zip: 54940	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dale	12/16/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Nancy Schreiber-Milheiser, (certify): I reside at 1466 Wolf River Dr. Fremont, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 10 / 2012
(Month) (Day) (Year)

Nancy Schreiber-Milheiser
(Signature of Circulator)

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